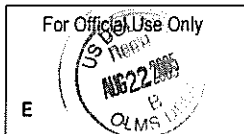


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13677</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Francis</u> <u>L</u> <u>McCann</u> P.O. Box, Bldg., Room No., if any Street <u>1370 Ontario Street, Suite 1040</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44113-1736</u>	4. Name, file number, and address of labor organization. Name <u>American Train Dispatchers Association</u> Labor Organization File Number <u>000-042</u> P.O. Box, Building and Room Number, if any <u>1040</u> Street <u>1370 Ontario St.</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44113-1736</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>AMTRAK</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>60 Massachusetts Ave., N. E.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20002</u>	7.a. Nature of Interest, Transaction, or Income. <u>Rail Pass Used for Business Travel</u> 7.b. Amount. <u>APPROX.</u> <u>\$250</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Francis L McCann</u>	On <u>8/12/05</u> Date	<u>216-241-2770</u> Telephone Number

Name of Person Filing <b>Francis McCann</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>United Health Care</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>15043</b></p> <p>Street <b>450 Columbus Blvd CT030-13NA</b></p> <p>City <b>Hartford</b></p> <p>State <b>Connecticut</b> ZIP Code + 4 <b>06115-0453</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Class I Railroad Carriers on attached list</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>United Health Care is the administrator for the National Railroad Employees Health &amp; Welfare Plan</b></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><b>1/28/04-golf outing-164.78</b>  <b>1/31/04-golf outing-164.78</b>  <b>2/1/04 -golf outing-164.78</b></p> <p>12.b. Amount. <b>\$494</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Francis McCann	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>National Railway Labor Conference (NRLC)</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1901 L Street, N. W.</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20036-3514</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Class I Railroad Carriers on attached list</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>National Railway Labor Conference (NRLC) through the National Carriers' Conference Committee is the bargaining agent for such carriers</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>1 Dinner-2/1/04</u></p> <hr/> <p>12.b. Amount. <span style="float: right;">\$40</span></p>

Name of Person Filing Francis McCann	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Value Options</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite C</p> <p>Street 12369 Sunrise Valley Drive</p> <p>City Reston</p> <p>State Virginia ZIP Code + 4 20191</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Class I Railroads on attached list</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Mental Health and Substance Abuse Insurance Provider for National Railroad Employees Plan</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>1/30/04-golf outing</p> <p>12.b. Amount. \$145</p>

Carriers Represented by the National Carriers Conference Committee

The Belt Railway Company of Chicago

The Burlington Northern and Santa Fe Railway Company

Consolidated Rail Corporation

CSXT Corporation

Indiana Harbor Belt Railroad Company

The Kansas City Southern Railway Company

Norfolk Southern Railway Company

Northern Indiana Commuter Transportation District

Terminal Railroad Association of St. Louis